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Communications.

ON PLACENTA PRÆVIA.

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(An address delivered before the Union Medical Society of Indiana. Reported by Dr. J. CRAFTON.)

In compliance with the requirements of our constitution I, as the retiring President, have to present you an essay, and therefore offer the following brief remarks, thoughts and quotations on placenta prævia. I have selected it as my subject on account of its great importance, and believing, as I do, that nothing arms the medical man for emergencies so well as a full confidence in his own abilities to render every assistance in any given case that his art is capable of doing. Among all the causes that render labor difficult and dangerous, none are so much to be dreaded as placenta prævia.

There is none more perilous, says LAMOTH, and I might enumerate all the most eminent obstetricians that have graced the profession, as bearing testimony to its being the most dangerous condition in which the pregnant woman can be placed. The very means which nature has instituted to deliver the mother of her child are the means, in cases of placental presentation, of destroying the lives of both. That this condition does sometimes exist has been known from the earliest periods of medical history.

HIPPOCRATES remarks that the after-birth should come forth last; for, if it come first, the child cannot live, showing that he was acquainted with the accident. Also GUILLEMEAU, VIARDAL, MAURICEAU, and a host of other ancient writers might be mentioned, showing that the accident was occasionally observed and commented on by them; but none of

them seem to have understood its true nature, for it is evident, from all their writings, that they believed that the after-birth had been attached to some other part of the womb, and was at the mouth by accident.

It has been maintained by Dr. ROBERT LEE that Mauriceau understood the true nature of the case; but it is evident from Mauriceau's own writings, and his descriptions of his cases and directions for their treatment, and, moreover, his explanations of the cause of the placenta presenting, that he never once thought that it had been implanted over the os uteri, but that it had been detached from some other part, as he plainly tells us in his first case, by the cord being twisted twice round the child's neck, and passing between its legs, thereby shortening it so that the movements of the child, in adjusting itself to be born, had dragged on the cord, and thereby detached the placenta, and it had fallen down before the child.

The above case, together with his explanations in various other cases, all go to prove conclusively that he did not suppose that the placenta was attached over or near the os at first.

ARMAND, from 1691 to 1706, inclusive, records eight cases in which great flooding occurred, requiring prompt interference; in four of these he distinctly states that the placenta presented, but he appears to have been totally ignorant of their real nature, and passed them by, paying but little attention to them.

PORTAL, whose observations were contemporary with Mauriceau's, and extend from 1664 to 1682, has observed the accident seventy-nine times, and appeared to think at first that the placenta was at the os by accident, and detached. In his forty-first case he states that he introduced his hand and separated the

after-birth from the inner surface of the os, into which it had been adhered. In several cases after that he speaks of separating the placenta from the os, but still passes them by without any explanation how or when they came there.

In 1730, May the 9th, GIFFORD remarks upon his 115th case, "that I cannot implicitly accede to the opinion of most writers in midwifery, that the placenta always adheres to the fundus uteri, for in this case as well as many former instances, I have good reasons to believe that it sometimes adheres to or near the os internum, and that the opening of the os occasions a separation and consequently a flooding." In his next observation, on the 25th of the same month, he says: "The first thing I met with was the placenta, which I found closely adhering round the os internum, which, among many other instances, is a proof that the placenta is not always fixed to the bottom of the uterus, according to the opinion of some writers. Its adhering to the os internum was in my opinion the cause of the flooding, for as the os gradually dilated, the placenta was at the same time separated, from whence proceeded the effusions of blood."

In Gifford's 224th and last case, he speaks as follows: "Before proceeding further with the details of the case, I beg leave to give my opinion upon a point in midwifery, in which I differ from most authors," and then goes on to state that the placenta is sometimes attached over the os and is the cause of the hemorrhage, and gives rules for action not materially differing from the most approved practice of the day.

In 1743 SMELLIE reports a case that occurred in his practice, and lays down rules for action in such cases, similar in most particulars to the practice recommended at the present time.

In 1752 RÖDERES published his work on midwifery, in which ample directions for the management of placental presentations are given.

In 1775 RIGBY published his world-renown essay on uterine hemorrhage. He was the first to divide uterine hemorrhage into two classes: one of which, from its varying causes, he denominates accidental; the others, from the necessity of its occurrence under particular circumstances, unavoidable. But as to his right to the title of being the first to describe the nature of placental presentations,

and their proper treatment, the extracts already made from other contemporary writers do not sustain the claim; but whatever may be his claim to priority of discovery there can be no doubt that to his essay, more than to any other single cause, is due the universal interest which from this time invested the subject.

In 1776 FEROUX DE DIJON (a Frenchman, of course,) published his observations, in which, while recognizing the true anatomical relations of the placenta to the uterus, and fully understanding the cause of the hemorrhage, he proposes as the best and surest remedy, therefore, the tampon.

From this time on all doubt as to the true nature of placenta previa ends; and the controversy which was so rife and so strenuously waged in regard to the very existence of such a relative state of things has been transferred with scarce any abatement to another field of inquiry, to wit: the nature of the utero-placental connections. This question, to avoid tediousness, I will not now trace through its varied and heated discussion, notwithstanding it is an interesting one, and one which is probably not yet settled on a very firm basis. I would merely state that it has been supposed by one party that the maternal blood enters the cavernous structure of the placenta by the decidual arteries, and flows back by the decidual veins into the venous system of the uterus; under this vein the placenta has been compared to a sponge filled with water, in which the fibrous portions represent the foetal, and the interstices the maternal circulation. By such an arrangement the foetal vessels are everywhere in contact with, and as it were, bathed in the blood supplied from the maternal sources in this way: the blood of the mother in the placental sack, and the blood of the foetus, contained in the umbilical vessels, can act and react upon each other through the spongy cellular walls of the placental vessels, in the same manner as the blood in the branchial vessels of aquatic animals is acted upon by the water in which they float.

By the other party the existence of these decidual vessels is denied; they also reject the two-fold foetal and maternal nature of the placenta.

Based upon these anatomical differences, two theories equally at variance with each other have been proposed to account for the

hemorrhage that occurs when the attachment between the placenta and uterus is broken up.

On the one hand it has been maintained that this hemorrhage proceeds entirely from the surface of the placenta. In opposition to this others contend that it comes from the uterus and from that alone. Were it not for trespassing upon your time and patience too much, I would like to trace this question of utero-placental connection further, as upon it is based theoretically two modes of treatment; however, leaving that for the present, I will proceed to note the treatment.

It is difficult to over-estimate this, for under scarcely any other circumstances is the complete exercise of his faculties united with the perfect coolness so imperatively demanded of the accoucheur. An error admits of no rectification. There is no time nor opportunity to undo that which is done wrong, and a single false step may place the patient beyond the power of rescue.

The question narrows itself down to the simple inquiry, "what mode of practice will in the greatest number of cases prove successful and safe to both mother and child, when the placenta presents first?" Here opinions, unsupported by sufficient evidence, are not the safest guides to follow. Writers may bend facts to support preconceived theories, etc. Neither would a blind adherence to ancient landmarks, and a stern disbelief in any and all improvements, be more likely to lead us to a safe practice. The maxim of St. Paul applies as well to medicine as to theology: "prove all things; hold fast to that which is good."

According to a custom of the old medical writers, in speaking of therapeutical agents, blood-letting heads the list, and as blood-letting has been and still is advocated by some in unavoidable hemorrhage, I head my list with it, not because I think it paramount to other agents, but because it is necessary to notice it, and, more especially, as there is an attempt being made by some writers to revive it.

I have never been able to see the force of the argument in favor of blood-letting to arrest hemorrhage, and, more especially, unavoidable uterine hemorrhage. There is to my mind an inconsistency th t I cannot understand, notwithstanding it is highly spoken of by DEWEES, and favorably by CAZEAUX and others, and a writer in the *American Journal of Medical Sciences*, for the year 1869, by the name

of GAY, of New York, speaks very favorably of it. He, after suddenly discovering that SIMPSON's plan was founded in error, and should not, therefore, be adopted, says that he, in one of the four cases that he reports, tried separating the placenta as high up as he could reach, but no less blood followed this operation than before. After praising blood-letting in unavoidable hemorrhage, he says, unfortunately for his theory, he has but one case to bring forward in support of it, and here it is:

"Called in March, 1852, to a case of labor, which proved to be one of lateral presentation; the patient, *et. 27*, plethoric and robust, was sitting nearly in the upright position in a chair prepared for the purpose; pains regular but not vigorous; had lost considerable blood during her pains, which had commenced two hours previous; os pretty well dilated; gave ergot and waited until I observed that at each pain the blood spirted from the uterus, when I at once decided to bleed, and accordingly abstracted about eight ounces of blood, which to my surprise and gratification effectually and at once arrested the hemorrhage."

Now, what does this prove in favor of blood-letting? Positively nothing. The case is reported loosely, and so I presume a great many, if not all the cases, will be found, which are brought forward to prove the utility of blood-letting in uterine hemorrhage; the woman was young, plethoric and robust, capable of bearing the loss of a considerable quantity of blood; found her sitting up, a position that she would not be likely to have maintained if she had lost much blood; os pretty well dilated; all favorable conditions. He says nothing about the membranes or waters; probably they had ruptured and discharged just previous to his arrival. He gave ergot and waited. What better or more could he have done, unless the membranes had been intact, when he could have ruptured them. He does not state how long he waited, but decided to bleed, and according to decision bled about eight ounces, which is a small bleeding; but to his astonishment and gratification the flowing ceased and the labor was soon over.

And why did the hemorrhage cease? I contend not in consequence of the small bleeding, but from the effect of the ergot producing contractions of the uterus and forcing the head of the fetus down, which produced pressure upon the bleeding surface,

and the hemorrhage would have been as effectually and as quickly arrested without the small bleeding as with it.

I once had a case very similar to the above, which I will relate from memory. The lady was awakened on Saturday night about eleven o'clock by a sudden gush of blood from the vagina. She was within two weeks of full term, according to her count. The flow continued in a moderate degree until morning, when I was sent for. When I arrived, the discharge had ceased; and, as she had no pains, and the flowing having ceased, I did not make a vaginal examination, but ordered quietude in the horizontal position, etc., etc. She had no hemorrhage on Sunday—nor Sunday night—but it was renewed on Monday morning with slight labor-pains, which occurred at regular intervals; upon examination, found os pretty well dilated with right lateral placental presentation, with a good deal of hemorrhage, especially during each pain. I did not bleed, but gave a teaspoonful of a saturated tincture of ergot, ruptured the membranes, and repeated the ergot every fifteen minutes, until the pains became strong, which did not require more than three or four doses. when the flooding ceased, in consequence of the head engaging in the pelvis, and pressing against the bleeding surface, and the condensation of the uterine walls produced by the ergot. Dr. READ, in his admirable essay on *placenta previa*, collects six cases in which blood-letting was resorted to, and says it apparently exerted no effect at all to keep the hemorrhage under control; in one of the cases the mother died undelivered.

He further says, that while it may be useful as a remedy in certain conditions of the general system, it has no special bearing upon the hemorrhage to control or in any way to modify it; and when it is not indicated by other symptoms than those arising from the flooding, its adoption will be of no service, but tend to diminish the chance of the mother's life by just the amount of blood taken from the veins; and that, gentlemen, is just my opinion, and the light in which I view blood-letting in cases of unavoidable uterine hemorrhage.

In cases of lateral, or even partial, placental presentations, where pains have commenced, or even where they are absent, if the os is soft and dilatable, the woman not exhausted, and the absence of the pains is not the re-

sult of exhaustion, rupturing the membranes will frequently arrest the bleeding by allowing the head a presenting part to press on the bleeding vessels, and by facilitating the contraction of the uterine parietes, thereby lessening the caliber of the vessels. Ergot also is a useful remedy in those cases by promoting the contraction of the uterus; in many of the above named cases, after rupturing the membranes and administering ergot, they may safely be left to the natural powers of delivery. But if they should fail, then they rather impede the next operation, that is, turning; in so far as they have had any effect at all it has been to render turning more difficult and dangerous.

PUZOS endeavored to substitute for turning the introduction of the finger within the os, and by rupturing the membranes and manipulating with the finger upon the os, so exciting uterine contractions by reflex action as to hasten the delivery, thereby arresting the hemorrhage.

SIMPSON's method consists in completely separating the placenta; it has been sharply controverted by Dr. Robert Lee, and others, and supported by Byford, and others. Simpson claims that the complete separation of the placenta will arrest the flooding in most cases. He tabulates a great many cases to prove his position, a number of which are reported by other physicians.

Dr. Reed, in his essay quoted before, which was published by the Massachusetts Medical Society, in the "Library of Practical Medicine," has established a number of cases in which complete separation failed to influence the hemorrhage at all. He says it seems to be proved beyond a doubt, by the above cases, that it is not the separation that puts an end to the flooding, but when this has been done, the uterus is put in a condition for its contractive power to act to the best advantage, and if enough vitality remains in the system to insure condensation of its walls, the obliteration of its vessels cuts off the supply of blood, and the hemorrhage is at an end. Dr. TYLER SMITH argues that the reflex action aroused by the separation of the placenta contracts the uterine walls and thereby lessens or obliterates the mouths of the bleeding vessels. Dr. Reed further says that the life of the mother depends more on the disposition that has to be made of the child than that which is made of the placenta, and that

is my opinion in the case, for if the placenta be separated, and the uterus afterward contracts vigorously, the caliber of the vessels is diminished and the presenting part is also pressed against them, which effectually arrests the flow. But if from any cause the uterus fail to contract after the separation, then will the bleeding go on in an increased degree. The plan is not likely to be followed nor advocated by many accoucheurs except in very extreme cases, as it has reference to the safety of the mother alone, the child being necessarily still-born, except it follow immediately.

I will next speak of the tampon, it being in my estimation an auxiliary measure of very great importance, notwithstanding it has its opposers. We find by referring to obstetrical works that its use is opposed or discountenanced by Drs. J. Hamilton, Gooch, Stuart, Blake, Ingleby, Lee, Dewees, Meigs, and some others that might be mentioned, while it is recommended by Maunsell, Burns, Jewel, both the Rigbys, Ramsbotham, Davis, Murphy, Chaily, Lereaux, Miller and others.

In those cases where the hemorrhage is profuse and the os undilated and not dilatable, it serves to hold the flooding in abeyance until the os has time to dilate, and at the same time assists in exciting and strengthening labor-pains. Various substances have been used, but the material is not of so much importance as the manner in which it is applied. Some use sponge soaked in some styptic; others prefer a silk handkerchief; others still have used a thin caoutchouc gum ball or bag with a flexible tube of the same attached, by means of which it can be inflated with air or filled with water, and made to press immediately upon the exposed vessels. What ever substance is used it should be applied as near the mouths of the bleeding vessels as possible. The main object of the tampon being to arrest hemorrhage and gain time until the os is in a condition to admit the introduction of the hand for the purpose of turning or artificial delivery. The empting of the uterus and afterward its permanent contraction appears to be the only safety the woman has.

The Barnes dilators act upon the same principal; they have been very successful in the hands of Professor G. T. ELLIOT and others, in arresting the hemorrhage and assisting in the dilation of the os preparatory to turning.

We find, in looking over the medical literature of the past ages, that operative midwifery dates back to the fathers in medicine; but while they recommended artificial aid, it was with the idea of bringing the head to engage in its natural position rather than delivering the child by the feet. VELPEAU says, that being long imbued with the idea that the positions of the head were the only ones which admitted of a fortunate delivery, physicians only thought of restoring that part to the straits, when the child presented, otherwise than by the head. The precept of Hippocrates was followed, and they endeavored to bring down the head, not only in positions of the shoulder and other regions of the trunk, but also in those of the breech, knees, and even of the feet themselves, which were then looked upon as being very dangerous presentations.

CELSUS showed that the foetus might escape with the lower extremities foremost, but version by the head was not the less regarded as the safest and most practicable process, until the time of Franco and Ambrose Pare, who lived in the first half of the 17th century. Since the time of GUILLEMEAU, however, it has been almost wholly abandoned; modern authors saying but little about it except to condemn it. Velpeau, however, says it is not always very difficult to take hold of the head while it is in the womb, nor to exert a considerable degree of power on it where that may be required; that unless the waters have been long discharged, and the uterus smartly contracted, we may often succeed, without much difficulty, in laying hold of the occiput and bringing it down to the straits, no matter how far it may have been therefrom; and also points out the cases in which cephalic version should be had recourse to—but this is digressing from the subject.

In regard to podalic version as a means of rendering cases of placenta *prævia* more manageable, and safe to mother and child, its application dates from the time of Gifford and Mauriseau; and since their time version by the feet has been considered by the profession at large as the most judicious and reliable mode of action in these cases.

—MISS ESTHER JOHNSTONE, one of the most devoted nurses in the German hospitals in France, who recently died at Chalons-sur-Marne in the performance of her self-elected duties, has been buried by the German soldiers, with military honors.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Professor AGNEW.

May 3, 1871.

[REPORTED BY DE F. WILLARD, M. D.]

Neglected Whitlow.

This boy had a whitlow or felon some months since, which he neglected, or rather refused to have properly treated. As a consequence of this action you now perceive the result. The middle finger is clubbed and angry looking, and is discharging pus from numerous teat-like openings. You will all recognize, even without the aid of a probe, that there must be dead bone beneath.

There are few complaints more common than this, for patients have such a horror of the knife that they will suffer agonies rather than permit you to make an incision, which, though painful at the time, would be but insignificant compared to the endless hours of torture which must otherwise ensue.

When a felon is seen in its very earliest stages you may possibly abort it by thoroughly going over the whole surface with the solid nitrate of silver, but it is seldom that you will have such opportunity. Any deep-seated inflammation of the last phalanx of the fingers is especially dangerous to the life of the bone, for here, (as all of you know who have spent your time in that most valuable place, the dissecting-room), there is no regular division of structures into layers, as skin, superficial fascia, deep fascia, etc., but all are closely connected and bound together, so that an inflammation starting at any point is liable to implicate all—even the periosteum; and when this latter is destroyed the bone must die.

To obviate this unhappy result, then, the *only* hope is in free incision, going down upon the bone itself, dividing the periosteum and preventing all pent-up pus from burrowing, and doing still further damage. Insist upon this, and permit no refusal; do it perfectly and freely, even if you are obliged to produce anaesthesia, which is often, in truth, necessary with timorous patients.

Such an operation properly performed at an early period will give you the thanks of your patients in the end, when they realize the relief you have afforded in saving them months of suffering from necrosis. The probe in this case reveals the characteristic rough, denuded face, which you will easily recognize; and I find that the second, as well as the third phalanx is necrosed, so that we shall be obliged to amputate at the articulation between the first and second, which leaves a short and

awkward stump; so much so that many surgeons recommend removal at metacarpophalangeal articulation. This indeed does give a better appearance to the hand, and also gives it more strength and usefulness I believe, but you will find it difficult to convince your patients of such fact, since they will naturally desire that as large a portion of the hand as possible shall be saved.

In amputating a finger you will make your flaps to suit the case itself, dependent upon the position of healthy tissues. The long anterior flap is the best method when possible, the joint being entered from behind by means of a short posterior incision. The greatest difficulty arises from the lateral ligaments, which hold the irregular articulating surfaces of the bones in close apposition, and you will experience great annoyance if you attempt to disarticulate by passing the knife directly through, but if you only use the point of the blade, and cut each one separately from without inward, this trouble will be largely avoided. This must be done thoroughly, or there will not be room to turn out the condyles sufficiently to insert the knife beneath to shave the anterior flap.

The digital arteries which run along the sides of the finger will usually be enlarged to such extent as to require ligatures. The best dressing is dry lint, with any simple ointment.

[Finger amputated at articulation between first and second phalanges. Short cutaneous posterior and long musculo-cutaneous anterior flaps employed. DEF. W.]

Myxoma.

Here is a woman who presents herself with a tumor at the external anterior brachial region, just above the elbow, which she says has been growing for more than a year and a-half. It is elastic, freely movable, imparts a sense almost of fluctuation, and is smooth and regular. What is its nature? It imparts to the hand somewhat the feeling of a fatty tumor, but it is not lobulated, and is not quite as firm as such a tumor should be. It has large, dark veins coursing over its surface, but these do not necessarily imply malignancy, since any mass interfering with the superficial circulation may produce this result. Moreover, the auxiliary glands are not enlarged.

It is painless, but this on the other hand does not forbid malignancy, for you will remember a lad who was before you some weeks since with a huge encephaloid tumor of the arm, yet had never suffered pain. It is not an aneurism, for it is far outside the brachial artery, and besides, there is no pulsatile shock or thrill. It is not an abscess, for there has been no injury to the part, and the sense of fluctuation is but slightly present; and moreover, the time has been nearly two years, and it is extremely improbable that a tumor of the size of an orange

would form in this region of the body before it would break. Let us try an exploring needle. I find no escape of contents save a little thick, gummy serum. I confess I am a little puzzled in diagnosis. It might be a fatty tumor, and yet I do not believe that it is so. There are colloid tumors found in this region, but the history of this is not such as to place it under this head.

There is a class of tumors to which this might possibly belong, called collonema, by Müller, myxomata, by Virchow (Schleim—geschwülste) mucous tumors (the gelatinous sarcoma of Rokitansky), which belong to the development series of the connective tissue, and whose structure is interlaced with delicate partitions, while the interspaces are filled with a gelatinous-like material, resembling the delicate tissue of the vitreous body, or the subcutaneous tissue of the embryo, or the Whartonian jelly of the umbilical cord. Virchow makes a distinction from collonema, which he describes (Gell. Patholog.) as tumors formed of very soft connective tissue, soaked in an albuminous fluid; but Billroth, both in Entwick, der Blutgefäße, and in his recent book uses both terms for the same tumor, which he describes as a connective tissue tumor of a gelatinous consistence, the fibres of which are of great delicacy; but gives collonema as the old name.

These tumors are entirely different from the "mucous cysts" found in connection with Naboth's, Cowper's, Bartholin's, or Duverney's glands, since the latter are but dilatation of the ducts or cystic transformation of the structure of the gland, while these are true neoplastic growths, and contain spindle-shaped or round cells in their intercellular structure. Mucous polypoid growths found in the nares, external auditory meatus and uterus, do, however, often resemble them in structure.

I do not know that this is such a growth, but it may be, and if so we will find it upon section to present a jelly-like basis, with a fine network of connective bands traversing it in all directions. Its growth has not been rapid, and I do not think that it is malignant in its character.

Whatever be its nature, I believe that removal will be the proper treatment. This can be easily done, as it is quite superficial, being directly in the subcutaneous tissue, if we are right in our diagnosis of its being a connective tissue tumor.

[An incision was made directly down upon the mass, and the handle of the knife then used to enucleate it in its entirety. The tumor was found to have a distinct limiting wall, and was, as predicted, directly in the subcutaneous connective tissue, and so closely in relation with the cephalic vein that it was injured in the operation. To prevent hemorrhage from the aperture, the vein was cut entirely across and the two ends each secured by an acupressure pin, which effectually controlled all hemorrhages, and were removed on the second day. The

external cutaneous nerve, though in intimate association with the mass, was uninjured.—DEF. W.]

Dr. Wm. F. JENKS was kind enough to examine the tumor, and reported as follows: "The portion of tumor examined consisted externally of a white, dense, fibrous membrane or capsule, from which larger and smaller prolongations were thrown out into the interior of the growth, which was glutinous in structure, of a transparent, grayish color, and finely sprinkled with minute, yellowish patches. Other parts were of deep, rosy color, evidently due to the great vascularity of the tissue in these parts. Under the microscope the irregular network could be seen formed by delicate bundles of connective tissue and elastic fibres, which divided in all directions, forming imperfectly closed spaces, in which were lying polymorphous cells—round, star-shaped and spindle-shaped—separated from one another by a large amount of intercellular substance, which was precipitated by acetic acid, the whole forming the so-called myxomatous or mucous tissue. In places these cells had undergone fatty degeneration, giving rise to the yellowish patches visible to the naked eye."

Hypertrophied Mamme.

M. S., st. 37 years; has had twelve children, all born alive; youngest, two years and a half since. In the seven labors preceding the last has had an equal number of mammary abscesses in the right breast, all of which were of long duration; did not nurse her children from this breast, since it never yielded much milk even previous to these disasters. Immediately after the last labor this gland commenced to enlarge, and has continued in its course up to the present time, when, as you see, it has reached an enormous size, measuring nineteen inches in circumference. It is accompanied by a burning sensation; although the pain is not very severe, yet it is exceedingly tender to the touch, and she shrinks from my hand, as you perceive. Four months since the left breast also commenced to enlarge in the same manner, and has continued in a similar course, although it has not yet reached as great a size. The subcutaneous veins can be seen distinctly coursing over its surface, showing obstruction to their circulation; but there is no neighboring glandular enlargement, and the woman's countenance gives no evidence of malignant disease. The breasts are both freely moveable upon the pectoral fascia, and the nipples are large and prominent. She informs me, moreover, that this right breast especially is greatly augmented in size at her menstrual periods, and also becomes the seat of severe shooting pains.

From this history I am convinced that there is nothing malignant about this growth, but that it is an instance of hypertrophy of the breast, associated, I could be confident even without inquiry, with uterine derangement, as is the general rule. Upon

investigation I find this to be the case, and she has not only great dysmenorrhœa, with severe previous headache, but her catamenia also appear every two or three weeks, and are very profuse. She complains also of dysuria, so severe at those periods as to compel her to seek the bed for relief. Her uterus has been examined, and has been found enlarged and exceedingly tender to the touch, while its body is turned directly forward, constituting the condition known as anteflexion, which will readily account for the bladder symptoms.

It is so much enlarged that the uterine sound passes $3\frac{1}{2}$ inches into its cavity, and we must endeavor, by local treatment, to reduce this difficulty before we can hope to benefit the breast. This we shall do by restoring and retaining the uterus to its normal position, and then applying tinct. iodine to the whole internal surface as high as the fundus, since this remedy has a most powerful and happy alterative and absorbent effect upon the organ. This can easily be done by an aluminium wire wrapped with cotton, carried up through the os. Then, internally, we will give her potass. brom. gr. xv., and potass. iodid. gr. v. t. d., together with ol. morrhuae, and upon the breast will apply an ointment made of sixty grains of potass. iodid., twenty grains of iodine, and five grains of ext. bellad., rubbed up with an ounce of lard, together with suspension and gentle pressure. Should pain be severe, veratria ointment may be rubbed in night and morning.

[Under this treatment the breast has been sensibly reduced in size, and pain lessened. The uterine symptoms are also abating under continued treatment.—DEF. W.]

This tumor would formerly have been classed under what were known as adenoid—tumors of glands in which the minute structure did not differ essentially from the normal gland—but many growths described as adenoma are essentially fibroid in their nature. This term comprised the "chronic mammary tumors," "mammary glandular tumors," "imperfect hypertrophy," etc., of Cooper, Paget, Lawrence, Birkett and others; but this tumor differs from these in that it is evenly enlarged, and is not a partial hypertrophy of the organs. Pure adenomata are rare—if we accept under this term only those tumors in which there is a new formation of genuine, regularly developed glands, or parts of glands. Förster describes a form of acinous adenoma of the mamma, which is very rare but is benign.

Mammary glandular tumors are usually small, oval, firm, elastic, and nodular, and are situated in any portion of the gland, which may itself be pushed aside or not by the growth. The veins are often enlarged as in cancer, but there is no pain, no involvement of glands, and growth is slow.

Whatever be the pathological character of any of these tumors, however, our chief concern as sur-

geons is as to the advisability of removal by the knife. In cases like the one before us, I should certainly advise that it be left until it, at least, gives great inconvenience by its excessive weight, which should indeed be a rule in all benign growths of this gland, for this reason: an innocent tumor may exist in the person of a patient who is predisposed constitutionally to cancer, and the removal of the breast may be just that irritation which is required to develop those germs lingering in the blood, and which might never otherwise have been brought into activity.

Thus at least, I think, we can explain some cases of cancer of a cicatrix, occurring when everything indicated that we were right in our diagnosis as to the harmless character of the primary tumor.

MEDICAL SOCIETIES.

STATE MEDICAL SOCIETY OF WEST VIRGINIA.

The Medical Society of the State of West Virginia met in fourth annual session in the courthouse of Berkeley county.

Dr. BLAND, of Weston, the President, called the Society to order.

Mr. President read his address, giving a brief history of the origin and progress of the society, and spoke very appropriately of the proud future that awaits an institution, organized as this Society was, for the promotion of purposes so laudable.

Dr. L. H. LAIDLEY, delegate from the State Medical Society of Pennsylvania, was introduced to the society by Dr. G. A. HAMILL, and, on motion of Dr. HUPP, he was invited to take a seat with the members, and participate in the proceedings.

Dr. BATES suggested that the Society would be pleased to receive kind greetings from the Pennsylvania Medical Society, whereupon Dr. Laidley addressed the society in well chosen remarks.

The report of the Committee on Publication was read by the chairman, Dr. Bates, and accepted.

Dr. Hupp remarked that he held in his hand a report on Topography, Climatology and Epidemic Diseases of Upshur county, by Dr. Elias S. Bronson, who was absent, and which, if the society so request, should be read; which, on motion, was read by the Secretary.

Committee on Necrology not present. On motion of Dr. Bates, the committee was granted until next meeting to report.

Dr. TODD, of Wheeling, read a lengthy and instructive report on the Medical Botany of the State, and detailed some novel cases of poisoning occurring in his practice, in the successful management of which he relied nearly exclusively on applica-

tions of aqua ammonia externally, and aromatic spirits of ammonia internally, which was referred to the Publishing Committee, on motion of Dr. LAZZEL, with instructions to publish such portions as they may deem appropriate.

Dr. W. H. SHARP read a volunteer paper, replete with interesting matter, on the *Temperature* of the body in Health and Disease, which, on motion of Dr. WEISEL, was ordered to be published *in extenso*.

Dr. L. H. Laidley made interesting remarks on the temperature of the *blood* in health and disease, and inquired of the author if he had noted the temperature of the blood—not noted.

Dr. Bates offered resolutions, which were unanimously adopted, instructing that, hereafter, no member, who may be in arrears for admission fee or annual dues, shall receive a copy of the transactions, and, if settlement be neglected for two years, the names of all such shall be dropped from the roll of members.

Dr. Bates also offered a resolution, which was adopted unanimously, that the constitution be amended in such manner that the annual assessment shall become due and payable in advance on the first Wednesday of June annually, instead of first of January, as heretofore.

On motion of Dr. Hupp, the Secretary was instructed to furnish each member of the Society with a copy of the resolutions.

A volunteer paper was read by Dr. H. J. WEISEL, detailing the history of five cases, successfully treated, suffering from the effects of that species of entozoa denominated *trichina spiralis*. The paper was referred to the Publishing Committee for publication.

On motion of Dr. Todd, it was resolved that a committee be constituted who shall make still further investigations, and report at the next meeting, on the Medical Botany of the State.

Dr. Bates, in view of the fact that the hour of adjournment was rapidly approaching, moved that the questions for discussion be indefinitely postponed, which was adopted.

Dr. Hupp presented the report of Dr. S. L. JEPSON, of Wheeling, in accordance with by-law IV, giving a list of the officers and members of the Medical Society of the city of Wheeling and county of Ohio, together with other matters of interest, which was read by the Secretary and ordered on file.

Dr. H. W. BROCK, of Morgantown, offered a preamble and resolutions endorsing the action of the Legislature in its liberal encouragement of educational facilities in the State, which were adopted.

The Board of Censors reported favorably to the admission of JOHN REYNOLDS, M. D., and J. J. STRAIGHT, M. D., as members, the former, of Shepherdstown, and the latter, of Charlestown. Both were unanimously elected.

Early in the session, N. D. BAKER, M. D., of Martinsburg, and JOHN B. SNODGRASS, M. D., of Mill Creek, Berkeley county, were admitted to membership.

Dr. Bates moved that a committee be appointed to memorialize the Legislature to abolish all laws (State) prohibiting practical Anatomy. Adopted.

Dr. Hupp proposed a resolution, recommending and earnestly urging all school boards to require children to produce evidence of their having been successfully vaccinated, before they are permitted to attend the public schools within the State.

Dr. S. L. Jepson, of Wheeling, and Dr. J. W. RAMSAY, of Clarksburg, were appointed essayists, to report at next meeting.

Delegate to the Pennsylvania State Medical Society, Dr. G. A. Hamill, of Martinsburg; delegate to the Medical Society of the State of Ohio, Dr. S. L. Jepson, of Wheeling.

The following gentlemen were elected officers for the ensuing year, viz.:

President—Dr. J. M. Lazzel, Fairmont.

Vice Presidents—Dr. H. J. Weisel, Wheeling; Dr. G. A. Hamill, Martinsburg; Dr. L. R. Charter, West Union.

Secretary—Dr. Wm. M. Dent, Newburg.

Treasurer—Dr. John C. Hupp, Wheeling.

Wheeling, West Union and Point Pleasant were put in nomination, and a ballot being taken, Wheeling was chosen as the next place of meeting.

Dr. Weisel offered a resolution declaring it unprofessional to render professional services by contract, or for a specified sum per annum, which was adopted.

After a very pleasant session, the Society adjourned, to meet in Wheeling, on the first Wednesday of June, 1872.

Reviews and Book Notices.

NOTES ON BOOKS.

With the June number of the *New York Medical Journal* Dr. EDWARD S. DUNSTER ceases his connection as editor. He has occupied that position for five years with marked ability, and his retirement will be regretted by all. His successors are Drs. WM. T. LUSK and JAMES B. HUNTER.

A valuable help to the student has lately been prepared by Dr. RALPH M. TOWNSEND, Assistant Demonstrator of Anatomy in the Jefferson Medical College. It is a "Student's Chart of the Sympathetic Nerve," published by Turner Hamilton, 106 South Tenth street, Philadelphia. The chart is handsomely colored in three tints to represent the sympathetic motor and sensory nerves, and the

distinction between the branches of communication and those of distribution is marked by arrow-heads.

BOOK NOTICES.

A Treatise on Diseases of the Nervous System,
by WILLIAM A. HAMMOND, M. D., Professor in
the Bellevue Hospital Medical College, etc., with
forty-five illustrations. New York: D. Appleton
& Co., 1871. 1 vol., 8 vo. pp. 754.

The medical public will be glad to receive this work of Dr. Hammond, written, as it is, on a branch of science hitherto quite obscure, and based, as it is, very largely on the personal observations of the author, which have been extended and careful.

Without being, or aiming to be, exhaustive, it will be found a sufficiently complete treatise for the majority of readers. It commences with a chapter descriptive of the apparatus and implements employed in the diagnosis and treatment of neuroses. These are treated under five sections: the first, relating to diseases of the brain; the second, diseases of the spinal cord; the third, cerebro-spinal diseases; the fourth, diseases of the nerve-cells; the fifth, diseases of the peripheral nerves.

A number of accurate illustrations add to the value of the work, and the typographical appearance of the pages are in every respect satisfactory.

On the Physiological Effects of Severe and Protracted Muscular Exercise; with Especial Reference to its effect upon the Excretion of Nitrogen. By AUSTIN FLINT, Jr., M. D., etc. (Reprinted from the *New York Medical Journal*, June, 1871.) New York: D. Appleton & Co., 1871. 1 vol., pp. 91. Cloth. Octavo.

The experiments upon which this treatise is founded were conducted upon Mr. EDWARD P. WESTON, the celebrated pedestrian, during his "walks against time" in New York city. The accuracy with which the observations were made, and the luminous and satisfactory manner in which their results are here submitted to the physiologist, merit the highest praise. The conclusions arrived at, which we have not space to give in detail, are certainly destined to exert a marked influence on the physiological theories of the day with reference to the relations of food and exercise. Such an opportunity to decide these questions by actual experiment does not often present itself; and we are the more pleased, therefore, that it came under the observation of one so perfectly qualified to take advantage of it as the younger Flint.

On Uterine Polypoid Tumors.

Dr. JOHN ELLIS BLAKE, M. D., of New York, read before the New York Obstetrical Society, the following paper, which we quote from the *American Journal of Obstetrics*:

I would ask the indulgence of the Society for the subjoined reports of some cases, which I have drawn from the original notes. I

trust due allowance will be made, when difficulties are alluded to, for the difference between country and metropolitan facilities, and that the rapid strides gynaecological medicine has made, even since the cases occurred, will be remembered. One of the polypi was of the ordinary cellular variety, and would not have been deemed worthy of mention save for the complication of intestinal impacted concretion mentioned in the report. The other two were large sessile growths, measuring over twelve inches in circumference, even when much shrunken and drained of their fluids. They started from the uterine wall, near the fundus, and produced partial inversion when extruded. They were both composed of very firm fibroid tissue externally, which cut with the creaking hardness of schirrus. In the central portion, however, of their mass, this tissue was permeated in every direction by large vessels like venous sinuses, but that it was firmer; there was something about this portion very much like placental tissue. Ligation and the application of the écraseur had been attempted by other surgeons without success before I was called, nor could I do any better with these means. The hemorrhage from both when cut into was profuse; still, their vitality and vascularity were so destroyed by the action of persulphate of iron, with which a conical cavity made in the centre of each was plugged, that in a few days they were excised without hemorrhage. The total absence of this impressed me very much, and led me to hope that, if subsequent trials should confirm the results obtained in these two cases, the operation by excision (thus divided into two stages, one of coring and plugging with persulphate of iron prior to the second one of complete removal) might be rendered popular in the country, where most practitioners were at this time wedded to the old erroneous ideas of the superior safety of the ligature. To such an extent was this the case, that the surgeon who operated upon uterine polypi in any other way, often did so on his own responsibility, and without the moral support of the profession. For this reason, and knowing that the operation of "coring," as I will term it, had found favor in London, where various instruments to facilitate its performance had been invented by Mr. Philip Harper and others, and believing the subsequent plugging with iron to be an improvement, I urged the propriety of giving a fair trial to it, summing up, in these words, a report made at the time: Will it not do, at the present time, with all the facilities which modern surgical invention have furnished, to make excision, subject to certain preliminary precautions, the rule for the treatment of fibroid polypi, and let ligation be the exception? Will it not be safe to take, as general rules of practice, something like the following:

(1.) If the polypus be still within the uterus, dilate the os and take a core from it, or lacerate its capsule, applying ferri persulph. Its vitality being destroyed, it will cease to act as a violent excitor of hemorrhage.

(2.) If it have been extruded and be small with a slender pedicle, use torsion, and excise in twenty-four to forty-eight hours afterwards.

(3.) If large, remove a large conical core whose apex shall reach the center of the mass, fill the cavity with persulphate of iron, forced in by tampons of cotton, and excise in three days, removing piece by piece cautiously with curved blunt scissors. The cases given, for which we have not space, seem to justify these principles.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 24, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

NATURAL THERAPEUTIC WATERS.

A broad classification of therapeutic resources would permit of us dividing them into such as owe the form in which they are used to the assistance of human art, and those which are provided ready-made as it were by the hand of Nature. Conspicuous among these latter we must rank the waters of springs, wells, or lakes holding in solution various salts.

These are constantly growing in importance in the public estimation, and receive also many ready recommendations from physicians. Very elaborate systems of classification have been adopted, and the peculiar virtues of various springs highly and no doubt vaguely extolled.

Yet it is singular to note how very discrepant the opinions of really scientific observers are as to the merits of mineralized waters. There are those who, following Professor DUNGLISON, are sceptical of any actual therapeutic effect whatever, and attribute the benefit which patients derive merely to change of air and diet and the tonic influence of a sanguine belief. These accessories must unquestionably be allowed considerable weight.

Then the use of an unusual amount of water, whether mineralized or not, taken internally or by bathing, also exerts an excellent control over not a few complaints. Some think that the principles of simple hydropathy are enough to explain all cures at the "springs." To their views also we must concede considerable weight, though we disavow credence in any exclusive theory.

There still remains the actual presence of a relatively large per centage of inorganic

matters in the waters to exert some influence. This, it is true, is often so small compared with the customary doses of these same articles that they cannot be supposed to act powerfully on the system. The iodine in sea water is too inappreciable to go for much in estimating the benefit of marine baths.

A long and close observation alone can determine what part the solid residue plays in the improvement of health. Such observation, we regret to add, is rare. Too frequently the only aim of those who should study the therapeutic effects with impartial minds, is to laud them only.

We have recently received numbers of circulars and descriptive pamphlets of various waters, and we had it in our minds to attempt an arrangement of them under a series of headings illustrative of their adaptability for various classes of disease. This has been found to be impossible, from want of data, or perhaps we should say, excess of data, as the claims generally put forward are so comprehensive, yet so vague, that they admit of no dependable arrangement.

This country is peculiarly rich in "airs and waters" and their natural therapeutic resources are as yet undeveloped and unappreciated. The time is approaching, however, when we may look for serious and accurate studies of this interesting subject.

Notes and Comments.

Qualities of a Good Doctor.

An exchange gives its readers some advice how to choose a doctor. The advice is as good for the doctor as the patient. Here it is:

First, let us advise you to avoid the *drunken doctor* as you would a viper. Avoid a *mean* man, for you may be sure he will be a mean doctor, just as certain as he would make a *mean* husband. Avoid a dishonest man; he will not be honest with you as your physician.

Shun the doctor that you can *buy* to help you out of a scrape—a good doctor cannot be bought.

Avoid the licentious doctor, if you would protect your family. There can be no compact between virtue and vice.

Avoid the untidy, coarse, blundering fellow, for the man who is clumsy in hitching his horse you may be sure is not handy at midwifery or surgery.

Avoid the doctor who flatters you, and humors your lusts and appetites.

Avoid the man who puts on an extra amount of *airs*; be assured it is done to cover his ignorance.

Avoid the empty blow-horn who boasts of his numerous cases, and tells you of his seeing forty or fifty patients a day, while he spends two hours to convince you of the fact. Put him down for a fool.

To be a doctor one must first be a *man* in the true sense of the word.

He should be a moral man, honest in his dealings.

He must have good sense, or he cannot be a good doctor.

He should be strictly temperate. No one should trust his life in the hands of an intemperate doctor.

He must have some mechanical genius, or it is impossible for him to be a good surgeon.

It is a good sign if he tells you how to keep well.

It is a good sign if the members of his own family respect him.

It is a good sign if the children like him.

It is a good sign if he is neat and handy in making pills and folding powders.

It is a good sign if he is still a student, and keeps posted in all the latest improvements known to the profession for alleviating human suffering.

Watkins Glen, New York.

Among the popular places of healthful summer resort is the beautiful glen named above, located at the head of Seneca lake, New York. Grace Greenwood says of it: "Through the boldest Yankee enterprise, these wild grandeur and beauties, for three hundred centuries [vide Agassiz] barred and buried from the world, have been thrown open to our gaze, and it is no wonder that the tides of travel are setting thither from all directions, that hundreds daily climb its dizzy stairways, pick their way along its narrow ledges, dodge under its little side cascades, watch for rainbows beside its waterfalls, gaze into its profound, mysterious pools, and speculate on their wonderful formation. We go leagues out of our way, in foreign travel, to see things *far less worth seeing*, like Tivoli and Veloni, Lodore, Glencoe, the Killaney cascade, the vale of Avoca, the Dargle and the Devil's Glen at Wicklow."

Flower Charities.

Societies have been formed in Boston and New York called "Flower Charities," the object of which is to provide flowers for the wards of the Hospitals, and to supply the sick with fruits, under the direction of the attending physicians. The idea is an excellent one, and we trust that it will receive the attention of the benevolent in this and other cities.

Dr. Miles' Inhaler.

This new instrument, for the inhalation of medicated vapor, is recommended for the treatment of diseases of the nasal and bronchial mucous membrane. It is neat in construction, and will be found a convenient adjunct to the physician's apparatus.

COMMUNICATIONS.

DOMESTIC.

Singular Recovery from Injury in an Animal.

EDS. MED. AND SURG. REPORTER:

The following case may be of interest, showing, as it does, the extraordinary effort and ability of nature to repair an injury which oftentimes appears incapable of remedy:

About the 30th of last March a large hog was struck on the left side of the abdomen with an ax by a man who was desirous of killing it. The gash made by the ax, when first noticed, was about seven inches in length. The animal ran away after receiving the blow; and next day the owner of it closed the wound imperfectly with cotton sutures. In a few days a mass of intestine and fat protruded. and the animal was allowed to run at large, as no hopes were entertained of its recovery. In ten days after the mass of fat protruded it sloughed away, and in it was found the left kidney. The intestine was found to be uninjured, was returned, and the wound again closed. In two weeks the animal recovered, and is to-day apparently well, though very much thinner than before receiving the injury. The course of the case was observed by several persons who can testify to the correctness of the description here given of it. I make this imperfect report, as it interested me in watching it, and may be worth recording.

W.M. R. D. BLACKWOOD, M. D.

Patona, Ala., May 4, 1871.

The "Living Skeleton."

EDS. MED. AND SURG. REPORTER:

In THE REPORTER of May 27th, page 431, the case of Geo. M. Ellis is reported, and the question asked, "What was the matter with Mr. Ellis?" I was acquainted with a similar case 35 years since:

Calvin Edson, of Randolph, Orange county, Vt., born about 1790, began to emaciate at about the age of 25; he enjoyed firm health, and his appetite was uniformly good. When about 35 years of age he went on public exhibition as the "Walking Skeleton"—"General Bony Edson." He now weighed about 55 pounds. He was a very social man, full of fun and bar-room jokes, and would eat larger rations and drink more brandy than any other man. He traveled extensively in Europe on exhibition, and attracted great attention. His health failing, he returned to his old home in Randolph, and died about 1836. For several years previous to his death he weighed only 45 pounds.

A *post-mortem* examination revealed the mystery of his case: the thoracic duct was nearly closed by

morbid thickening of its walls, so that very little chyle could find its way into the circulation. There was a "resurrection" of the body of Edson the night after it was deposited in the tomb, and report says it is now a dried specimen in a private museum in the East. S. KEITH, M. D.

Clinton, Iowa, June 7, 1871.

News and Miscellany.

Capacity of a Person to Make a Will.

An interesting will case has just been decided in Boston (*Austin, Executor, agt. Loring, Guardian*). The testator was James T. Austin, formerly Attorney-general of the State. Wells, J., in charging the jury on the capacity of a testator to make a will, laid down certain principles so clearly that they will bear repetition here. As to what constitutes a sound and disposing mind and memory, the Court said: 1. The testator must be able to call to mind and understand the condition and character of the estate which he undertakes to dispose of. 2. He must be able to call to mind the several persons who are the proper objects of his bounty, his actual relations to them, and his settled purposes toward them, if any such has been formed in his mind. 3. He must be able to apply his mind to the dispositions which he desires to make, so as to direct intelligently these dispositions, and to appreciate their purport and effect when written. Again, the fact that a parent disinherits a child is not enough to invalidate a will, for if a parent did it intentionally, he has a perfect right to do it, though the fact may bear upon the question of sanity, which it is for the jury to determine. So the will itself may furnish evidence bearing upon the same question, and all other writings made by the testator about the same time, including written instructions for the preparation of the will. Previous wills are also to be considered. A person may have sufficient capacity to make a will, and yet be easily controlled and diverted from his purpose; but mere weakness of mind is not unsoundness.

The Proposed University Hospital.

The University of Pennsylvania is now engaged in constructing handsome new buildings in West Philadelphia, for the various departments which it embraces. It is also proposed to establish in connection with the medical department a large hospital, for the double purpose of clinical instruction and affording the city increased hospital accommodations.

The scale on which this is contemplated will be seen from the following extract from the appear-

which has been circulated in behalf of the enterprise:

"The Trustees of the University have accordingly decided to devote a portion of their property in West Philadelphia—large enough for the erection of an appropriate edifice, with sufficient space around it for all purposes of exercise and ventilation. In order to complete such a hospital with a complement of two hundred and fifty beds, and to maintain it in proper order and efficiency, a building and endowment fund will be required of **AT LEAST SEVEN HUNDRED THOUSAND DOLLARS**. Less than this might, and will, of course, be made available to a correspondingly limited extent, in a partially completed edifice with a smaller number of beds; but a million of dollars could be employed without extravagance, and with inestimable benefit to the sick and wounded, not only of our own community, but of the great manufacturing and mining districts by which we are surrounded.

"In view, therefore, of the facts and considerations here presented—as to the *requirements of medical education*, the need in Philadelphia of *increased hospital accommodation*, and the *material advantage to our city*, we most earnestly commend the undertaking to our fellow citizens, and to all the friends of the University."

We learn that nine gentlemen have already subscribed \$10,000 apiece, so that the assurance of the full amount required does not seem distant.

Physicians for Sale.

The derogatory spectacle of physicians underbidding each other for the practice of a poor-house was lately adverted to in our columns. Not long after our notice appeared we received the following note from Dr. WM. EWURZEL, of this city, which requires no comment:

EDITORS REPORTER: On reading your article in THE REPORTER for May 20th, concerning "proposals" for attending paupers, etc., I little thought that I would, within ten days, be asked to send in a proposal for attending the poor of this place. The enclosed letter from the secretary of the Board of Guardians of the Poor for Oxford and Lower Dublin townships speaks for itself. I, of course, will take no notice of the letter,

This is the "bid :" "DOCTOR — : Proposals will be received until the 14th day of June for out-door poor-physician for the district composed of Frankford and Whitehall, for one year."

A California Health Resort.

To use a homely phrase, people are pretty well convinced now that California is not "what it was cracked up to be," either for gold mines or salubrity. As a resort for consumptives it is about as undesirable as any other State, at least the greater part of it. Dr. THOMAS M. LOGAN, however, claims to have found a model health-resort in the southern portion, near Santa Barbara. He tell us, "it consists of a coastwise strip of land, averaging

about three miles in width and some sixty or so in length, and extending in a due westerly course from Point Conception to Point Buenaventura. Bounded on the north by the Coast Range mountains, of an average height of 3,000 feet, which prove an insurmountable barrier to the peculiar harsh oceanic winds, and on the south by a channel formed by the Santa Cruz and other islands, some 20 miles distant, which serve as well to deflect the cold current that sweeps down from the Arctic seas as to afford protection from the concomitant cold fogs that roll in so uninterruptedly in other parts of the coast, this portion of California stands out preëminently the land of promise to the weary, desponding invalid." The average temperature is 60°, the range 50°, the air moist, and of a "peculiarly ambrosial" character. We shall be delighted to hear that experience justifies Dr. Logan's sanguine expectations.

German Necrology.

Death has been busily at work among the eminent medical men of Germany these last few months. Dr. OPPOLZER, of Vienna, died April 16, at the comparatively early age of 63 years; Dr. FELIX VON NIEMEYER, the eminent clinical teacher, in the height of his fame, at 54 years, in March; Dr. KARL E. A. WAGNER, Professor in the University of Königsberg and Surgeon-in-chief of the Army of the South, in February; Dr. MITSCHERLICH, of Berlin, in March; and Professor HENKEL, of Tübingen, in March, make up a list of losses to science which we deeply regret to chronicle.

Anti-Materialism.

Mr. E. Steiger, of New York, the energetic German publisher, proposes to publish a series of short original essays on the relation of science to religion, on the theory of Darwin, and on the teachings of Büchner's *Kraft und Stoff*, with a view to oppose the materialistic tendencies of many physicists. We wish him every success in this excellent enterprise.

The Homeopathic Convention.

A meeting of the American Institute of Homoeopathy was held in this city last week. The attendance was large, and the proceedings seem to have been highly satisfactory to those principally concerned. The meeting lasted four days, and a large number of papers were presented and read.

Sentence of an Abortionist.

Dr. REID, of this city, was sentenced last week to six years and five months in the penitentiary on a charge of criminal abortion. He protested that he was the victim of a conspiracy, but the jury considered the evidence too direct to accept the view.

—Fighting, says the *Saturday Review*, is an earlier invention than either ambulances or surgeons, and it is a curious question whether, as civilization has advanced, men have not lost something in the natural power of recovering from wounds, while appliances to assist recovery have been continually improved.

QUERIES AND REPLIES.

Dr. W. L. D., Ohio.—A pocket case of instruments will cost from \$15 to \$25, according to the number of instruments. \$20 would get you a nice case.

Dr. D. C. H., M.A.—There is such an institution as the "Electric Medical College of Pennsylvania." Its name has been associated, of late, in the newspapers and in proceedings in our Legislature with the "American University of Philadelphia," on the charge of selling diplomas. There seems to be strong evidence to sustain the charge. We cannot recommend the school, and should regard its diploma as worthless.

Hydrate of Chloral.

EDS. MED. AND SURG. REPORTER.—Among the numerous reports of the action and uses of the drug Hydrate of Chloral, I have seen no mention of blindness, or defective vision noticed. As I have used the drug considerably and in a variety of cases, and in all, having noticed the above as a constant symptom, I ask a place in your valuable REPORTER. The above symptom has not been noticed by the numerous writers who are in the habit of contributing to the MEDICAL AND SURGICAL REPORTER.

West Town, N. Y., June, 1871.

A. J. JESSUP.

MARRIED.

DAVIS-SON-WHEELER. On the 1st of June, at the residence of the bride, in Bridgeport, Conn., by Rev. Robert Davidson, D. D., assisted by Rev. H. G. Hindmire and Rev. Sidney G. Law, Henry Harris Davidson, M. D., of Northport, Long Island, and Miss Julia E. Wheeler.

JANEWAY-ROGERS.—In New York, June 1st, at the South Reformed Church, by Rev. E. P. Rogers, D. D., assisted by Rev. Henry Neill, D. D., Edward G. Janeway, M. D., and Fannie S. Rogers, all of New York.

JOHNSON-BROWN. On the 7th day of June, at Circleville, Ohio, by the Rev. Wm. MacMillan, at the residence of Dr. M. Brown, Leonard E. Johnson and Kate L. Brown.

LONG-PARSONS.—On the 6th day of June, 1871, at the residence of the bride's grandfather, near Fredericksburg, Indiana, by the Rev. F. M. Moore, of Ladoga, E. W. Long, M. D., of New Maysville, Putnam county, Ind., and Miss Clara Parsons, daughter of the late Dr. Parsons, of Montgomery county, Ind.

DIED.

BRIGHAM.—On the 10th of June, suddenly, Bessie L., youngest daughter of Susan C. and the late Dr. A. Brigham, of Utica, N. Y.

COOK.—On the 10th of June, suddenly, E. C. Cook, M. D., aged 71 years.

DARLING.—In Newport, Vermont, May 29th, Solena A., wife of Dr. W. W. Darling, aged 29 years.

GREENE.—In this city, on the 9th inst. Dr. James Montgomery Greene, United States Navy.

MCKNABB.—In Woodsville, Vt., May 28th, Mrs. McKnabb, aged 86 years, wife of Dr. John McKnabb.

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